

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HAIR</i>		06-12-01
O.I.P.E. CLASSIFIER	<i>HAIR</i>		6-22-01
FORMALITY REVIEW	<i>THA</i>	<i>253</i>	08-06-01
RESPONSE FORMALITY REVIEW	<i>THA</i>	<i>52113</i>	10-9-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
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50	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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530  
 08-06-01  
 10/09/01  
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